

APPLICATION FOR EMPLOYMENT

Mitchell Companies inclusive of Mitchell Fabricators, LLC, Mitchell Field Services, LLC and Mitchell Mechanical, LLC (THE COMPANIES) are equal opportunity employers and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. As part of the employment application process and as permitted by law we may (a) conduct criminal and driver license background checks and/or (b) obtain your credit report from credit reporting agencies. Should your application for employment be approved, you will need to pass a substance abuse (drug) test as THE COMPANIES are a drug-free and alcohol free workplace. Please note that all employment with THE COMPANIES is At Will. Either of us may terminate employment at any time and for any or no reason.

Applicant's name:	e:					
Position(s) applied for or type of work des	ired:					
Address:						
ephone #: Social Security #:						
Type of employment desired:I	Temporary					
Date you will be available to start work:						
Are you able to meet the attendance requ	irements?		Yes	No		
Do you have any objection to working overtime if necessary?			Yes	No		
Can you travel if required by this position?				No		
Have you ever been previously employed	Yes	No No				
Can you submit proof of legal employmen	Yes					
Driver's license number:						
How were you referred to us?						
Are you subject to any employment, confid	dentiality or non-com	petition, Non-so	olicitation Agre	ement with		
any present or former employer?			Yes	No		
If yes, please explain and list any such em	nployer:					
Employment History						
Please provide all employment information	n for your past four er	mployers startir	ng with the mo	st recent.		
Employer:	Position held:					
Address:	s: Telephone #:					
Immediate supervisor and title:						

Dates employed: from	to	Salary:
Job summary:		
Reason for leaving:		
Employer:		Position held:
		Telephone #:
Immediate supervisor and title:		
		Salary:
Job summary:		•
Employer:		Position held:
		Telephone #:
Immediate supervisor and title:		
		Salary:
Employer:		Position held:
		Telephone #:
Immediate supervisor and title:		
Dates employed: from	to	Salary:
Job summary:		
Other Skills and Qualifications		
Summarize any job-related training, sl	kills, licenses	s, certificates, and/or other qualifications:
Educational History		
List school name and location, years of	completed, c	course of study, and any degrees earned:
High school:		
Other:		

References	
List 3 references' names, telephone numbers, and years known (do not include relatives	or employers):
I hereby authorize THE COMPANY, its directors, officers, employees and agents to (a and verify the accuracy of information contained in this application from all preveducational institutions, and references and (b) as permitted by law (i) conduct criminal abackground checks and/or (ii) obtain your credit report from credit reporting agencie release from liability, THE COMPANY, its directors, officers, employees and age gathering, and using such information to make employment decisions and all or organizations for providing such information.	vious employers, and driver license es. I also hereby ents for seeking,
I understand that any misrepresentation or material omission made by me on this all sufficient cause for cancellation of this application or immediate termination of empemployed, whenever it may be discovered.	
If I am employed, I acknowledge that employment is "At Will", there is no specified lengt and that this application does not constitute an agreement or contract for employment. At I or the employer can terminate the relationship at will, with or without cause, at any time, is no violation of applicable federal or state law. I also acknowledge that if I am offered e condition of employment, I will be required to enter into an "At Will Employment Agreeme	ccordingly, either, so long as there employment, as a
I understand that it is the policy of this organization not to refuse to hire or otherwise disc a qualified individual with a disability because of that person's need for a reasonable ac required by the federal and state law.	
I also understand that if I am employed, I will be required to provide satisfactory proof of work authorization within three days of being hired. Failure to submit such proof within the shall result in immediate termination of employment.	
The Employee agrees that Employee will settle any and all previously unasserted class controversies arising out of or relating to this application or candidacy for employment employment and/or cessation of employment with previous Employer, exclusively by arbitration before a panel of 3 neutral Arbitrators under the Rules of the American Arbitrators by way of example only, such claims include claims under federal, state, and local state law, such as the Age Discrimination in Employment Act, Title VII of the Civil Rights amended, including the amendments of the Civil Rights Act of 1991, the Americans with the law of contracts and the law of tort.	ent, and if hired, final and binding ation Association. utory or common Act of 1964, as
I represent and warrant that I have read and fully understand the foregoing, and that I sunder these conditions.	seek employment
Applicant signature: Date signed:/	<u>/</u>